



UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER

Department of Pathology and Laboratory Medicine

800 ROSE STREET, Cytology Laboratory ROOM HL416

LEXINGTON, KY 40536-0293

SPECIMEN INFORMATION:

Physician Name: _____

Name _____ Procedure Date _____
Date of Birth _____ Race ___ Sex ___
Social Security # _____

Procedure:

___ FNA – Palpable mass ___ Ultrasound / FNA - Non-palpable mass

Site: _____ Site: _____

___ FNA Breast– Palpable mass ___ Ultrasound / FNA Breast– Non-palpable mass

Site: ___Right ___Left
 ___Pregnant/Lactating
 ___Suspicious Mammogram
Clock Position: _____
Size _____
Texture _____

Site: ___Right ___Left
 ___Pregnant/Lactating
 ___Suspicious Mammogram
Clock Position: _____
Size _____
Texture _____

Diagnosis:

Working diagnosis _____

Other History _____

Cancer : ___ No ___ Yes
 Cancer Site: _____
 Date _____
 Therapy: ___ Radiotherapy
 ___ Chemotherapy
 ___ Cancer Surgery
 Date of last therapy: _____